

Atty. Dkt. No. 355908-2500
Application Serial No. 10/002,634

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Anthony E. BOLTON et al.
Title: INFLAMMATORY CYTOKINE
SECRETION INHIBITION
Appl. No.: 10/002,634
Filing Date: 12/5/2001
Examiner: Belyavskiy, M. A.
Art Unit: 1644

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 576572523 US

January 18, 2005

(Express Mail Label Number)

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Rene Campos

(Printed Name)

[Signature]

(Signature)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated 8/26/2004, finally rejecting Claims 12-18.

☒ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for two months.

☒ Amendment and Reply Under 37 CFR 1.1116.

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$450.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$950.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$475.00
	TOTAL FEE:	\$475.00

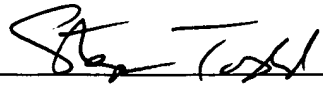
☒ A check in the amount of \$475.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: January 18, 2005

By 

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